

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings

American Medical Association, San Francisco, June 13-17, 1938. Olin West, M.D., 535 North Dearborn Street, Chicago, Secretary.

California Medical Association, Hotel Huntington, Pasadena, May 9-12, 1938. F. C. Warnshuis, M.D., 450 Sutter Street, San Francisco, Secretary.

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American College of Physicians, New York, April 4-8, 1938. Mr. E. R. Loveland, 4200 Pine Street, Philadelphia, Executive Secretary.

California State Dental Association, Stockton, April 4-6, 1938. C. E. Stabler, D.D.S., 1003 Medico-Dental Building, Stockton, General Chairman.

Medical Broadcasts*

Los Angeles County Medical Association

The radio broadcast program for the Los Angeles County Medical Association for the month of March is as follows: Thursday, March 3—KECA, 11:00 a. m., The Road to Health.

Saturday, March 5—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.

Thursday, March 10—KECA, 11:00 a. m., The Road to Health.

Saturday, March 12—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.

Thursday, March 17—KECA, 11:00 a. m., The Road to Health.

Saturday, March 19—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.

Thursday, March 24—KECA, 11:00 a. m., The Road to Health.

Saturday, March 26—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.

Thursday, March 31—KECA, 11:00 a. m., The Road to Health.

American Board of Obstetrics and Gynecology: Examinations.—The general oral, clinical and pathological examinations for all candidates (Groups A and B) will be conducted by the entire Board, meeting in San Francisco, on June 13 and 14, 1938, immediately prior to the meeting of the American Medical Association.

Application for admission to the June, 1938, Group A examinations must be on an official application form and filed in the secretary's office before April 1.

The annual informal dinner and general meeting of the Board will be held at the Palace Hotel on Wednesday evening, June 15, at seven o'clock. Dr. William D. Cutter, Secretary of the Council on Medical Education and Hospitals of the American Medical Association will be the guest speaker, and the diplomates certified at the preceding days' examinations will be introduced individually. All diplomates are invited to attend the dinner meeting and to bring as guests their wives and any persons interested in the work of the Board.

For further information and application blanks address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pennsylvania.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Reaction Time of Boys Faster Than That of Girls.—

Boys are faster than girls in reaction time, but the difference grows less in later years of adolescence and tends to disappear with practice. This finding by Dr. Harold E. Jones, Director of the University of California Institute of Child Welfare, is among several he has published in an article written for *The American Journal of Psychology*.

In the article he describes an apparatus constructed at the Institute to measure the speed of reaction, measuring time intervals in small fractions of a second. It includes a synchronous motor chronoscope, which records the time that elapses between hearing or seeing a stimulus, and making a manual response to this stimulus.

In a study of several hundred children, Doctor Jones found marked differences between age groups. At four and a half years the average reaction time to a sound is about two-fifths of a second, dropping slightly with increasing age to an average of one-sixth of a second at twelve years. Beyond this age there is little difference. Within groups, however, individuals vary greatly, at fifteen the fastest respond in about an eighth of a second; the slowest require a quarter of a second.

The difference in time reaction of boys and girls, Doctor Jones says, is probably due in part to differences in interest and incentive. The evidence clearly indicates, however, that the age growth in this ability, up to about twelve years, is related to fundamental neuromotor changes in the developing child.

Tulare County Has First Tularemia Case.—It is a fact that the first case of tularemia was not found in Tulare County. Recently, that county has reported its first case of tularemia although the causative organism, *B. tularensis*, is named for the county where it was first discovered. This unusual situation is explained by the fact that Doctors McCoy and Chapin of the United States Public Health Service, way back in 1910, were examining ground squirrels of Tulare County in a search for plague. In the course of their investigation they saw an organism which bore certain characteristics of *B. pestis*, but which was not that organism. They were unable to associate it with any specific pathogenic condition in human beings or in animals. So they named it *B. tularensis* in honor of the California county where, through accident, it first became recognized as a distinct entity.

In 1911, Dr. Edward Francis, also of the United States Public Health Service, was detailed to Utah for the purpose of investigating cases of "deer-fly fever," so-called because of the fact that the deer fly was seemingly responsible for the transmission of the unusual disease in human beings. He found in these cases the same organism that Doctors McCoy and Chapin had discovered in California, and lesions produced in Utah rodents were identical with those in California ground squirrels. The term "deer-fly fever" was discarded and tularemia used in its stead.

Later investigations proved that the disease, primarily a disease of wild rabbits, is widespread throughout most of the United States and in many parts of the world. Furthermore, it was determined that the chief vector of the infection is the common wood tick. Credit for this interesting and important epidemiological study is due the United States Public Health Service in 1910-1911, and in later years.

California's public health workers are interested because of the fact that this disease, named after a California county, is now known throughout the civilized world. But, until now, it is not known that a case of tularemia in a human being has ever occurred in Tulare County, California.

Course on Diseases of the Digestive Tract.—The University of California Medical School announces a short postgraduate course in diseases of the digestive tract. This will be held on April 13 to 16, and will include such subjects as amebiasis, intestinal worms, diarrhea, constipation, intestinal obstruction, tumors of the colon, functional disorders of the stomach and colon, vitamins, rectal diseases, colitis, diverticulosis, the gastro-intestinal manifestations of neurosis, jaundice, appendicitis, diseases of the gall-bladder, carcinoma of the stomach, digestive diseases in children, and peptic ulcer. Instruction will be given by lectures, demonstrations, and surgical clinics. The fee will be \$20. Announcements, which will be ready about March 15, will be sent to alumni of the Medical School located in the western states. Others may obtain them by writing to Dean Langley Porter, University of California Medical School, Medical Center, San Francisco.

Socialized Medicine.*—How many doctors realize the dangers ahead of them? How many know of the influence working to upset the individuality of medicine? A great philosopher once said "Prejudices are like rats and men's minds are like traps." Prejudices get in easily, but it is doubtful whether they ever get out. This is especially true when socialized medicine is discussed, the social service worker, sociologist, and politician from their side and the doctor from his.

However, we must consider first of all the 130,000,000 lay persons, who must, after all, be the judges as to what will be best for them, and lay our prejudices aside for the common good. If we consider the amount of space and publicity given socialized medicine by the magazine and newspaper editors, one would naturally feel the immensity of the opposition strength. However, when we consider the actual workings and accomplishments of group or social medicine systems, it lets the air out of the balloon and seems much less formidable.

Strangely enough, neither the patients who are to be served or the doctors who do the serving are calling for this type of medicine. The sociologist and politician who make the most noise and derive the good do not want it for themselves or family, but claim they want it for those who cannot afford medical attention. The statistical structure upon which their premise is based is extremely unstable and will not bear close analysis.

All existing systems base payment upon services rendered by compulsory treatment of physicians and lead to three types of compulsion. First, the patient, whether well or sick, is compelled to pay for this service through insurance or taxes. Second, the doctor is compelled to give his service as prescribed by the "system." Third, the sick patient is compelled to accept services as rendered. *Is this the American way?*

Let us consider ourselves entering a hospital with symptoms of appendicitis. We are entered on Form PB614K with a diagnosis Number 412. We do not know the ability of the doctor assigned to us who is Number 113,420, and this becomes an overwhelming obsession. Do you believe that confidence in your doctor and his personal interest in you has curative value? This lack of confidence breeds fear and doubt, and worry engulfs and saps the strength which you need so badly. It may strangle your will power, and you begin to wonder why the doctor has not come in to see you since yesterday morning. You realize, of course, that your friends will be told you are "doing as well as can be expected." Yes, but what is expected? Your fever rises and your resistance falls. You become frantic. The Committee on Costs of Medical Care comforts you with the assurance that there is no cause for alarm. The doctor, Number 113,420, knows all about you. Did you not spend two hours filling out Form PB614K and MX16? They know you are patient Number Y1140 from Central District 14 and Subdistrict K, and you are assigned to doctor Number F71 for preliminary treatment in preparation for operation by surgeon D136. The records show you are doing nicely. The doctor does not have to come to see you because he can get all his information from a card index, Form 3D1492. This is efficiency, but bad medicine.

Socialized medicine is long on records and short on recovery. Do you wish to be classified or cured?

* A letter in *The Journal* of the Alumni Association of the College of Medical Evangelists, Los Angeles, by Paul D. Foster, M.D.

American Board of Ophthalmology: 1938 Examinations.—These will be held as follows:

San Francisco, June 13.

Washington, D. C., in October at time of meeting of the American Academy of Ophthalmology and Otolaryngology. Also at time and place of meeting of Southern Medical Association, probably in December.

Application blanks should be obtained immediately from Dr. John Green, Secretary, 3720 Washington Boulevard, St. Louis, Missouri.

Another Human Rabies Death.—A part-time postman in Los Angeles County, engaged in the delivery of "special delivery" or registered letters, was bitten above the left ankle by a dog on October 21, 1937. Little was thought of the wound, although the pants leg was torn. Tincture of iodine was applied and nothing more was thought about the matter. (Only fuming nitric acid is of value in cauterizing the wound caused by the bite of an animal that may transmit rabies.)

On the second day of December, symptoms suggestive of rabies appeared in the postman and he was taken to a hospital, where he died on December 3. The onset was probably a few days before entrance to the hospital, as the patient complained of pain and numbness in the hands, arms, feet, and legs. In the hospital there was a stiffness of neck and back muscles, nausea, difficulty in swallowing, and convulsions.

Upon autopsy, portions of the patient's brain were removed and tissue used in animal inoculation, with results positive for rabies. Typical symptoms of rabies occurred in laboratory animals that were inoculated, and Negri bodies were demonstrated by direct smears.

This is the third human death from rabies to have occurred in Los Angeles County since June, 1937. More than two thousand rabid animals were discovered in California during 1937. Quarantines against dogs are in effect in at least two counties of California. Further efforts in the control of stray dogs throughout the State are essential in order to control this preventable but highly disastrous disease.

New Discovery in Vitamin B Complex Highly Potent.—The potent vitamin B, which already has gone a long way in the campaign to wipe out pellagra in humans and paralysis in chickens through the utilization of certain of its factors in crystalline form, has scored a new triumph. Scientists of the University of California have succeeded in crystallizing still another factor of the vitamin B complex, which, in this form, has quickly cleared up a pronounced dietary dermatitis in rats. Crude concentrates of this same factor have also been able to cure or prevent a certain type of anemia in both rats and dogs. This anemia, while not of the pernicious type, is just as destructive in its effects.

So recent is this discovery that the scientists have as yet had no opportunity to even approximate its potentialities. They merely describe it as a marked development in the field of nutrition. It has been given the name "Factor 1" until such time as a further exposition of its properties will allow a more definite identification.

Until now three other components of the vitamin B complex have been available in crystalline form. One of these, nicotinic acid amid, was crystallized at the University of Wisconsin, and has been found to be a potent specific in the treatment of human pellagra. Another member of the vitamin B complex, riboflavin, which has also been produced in crystalline form, has a marked effect in improving hatchability of eggs of poultry and also cures certain types of paralysis in growing chicks. Thiamin, or vitamin B, was the first member of the complex to be crystallized. There are one or more less well-known factors in this complex which have not yet been crystallized.

The factor crystallized by the University scientists here was obtained from a rice-bran preparation, but it is also known to exist in liver and in the outer coating and the germ of cereals. As yet there is no evidence that the new crystalline product will have any effect on the control or prevention of any ailments of man or poultry.

The discovery is announced by Dr. Samuel Lepkovsky, associate professor of poultry husbandry, who has done much notable work in this vitamin complex.

Medical School to Hold Reunion.—Medical men from all parts of the State are being invited to the semi-annual Alumni Day clinics of the University of California Medical School, to be held at the school on Tuesday, March 22. The program has been arranged by the William Watt Kerr Club, recently organized, and named after a late professor of medicine in the school.

"Moving Day" for Radiation Laboratory.—Beginning with the installation of its biological section during the week of February 7, the work of fitting up the new Radiation Laboratory at the University of California is progressing with all possible speed. The laboratory is to house the medical cyclotron, which will be given over to the production of a number of radioactive substances being used by University scientists in a new campaign against cancer, leukemia, and various other maladies.

While the medical cyclotron itself will be in place within the next month or so, it will be several months before it is in active operation. The task of wiring the great magnet is a tedious and an intricate one. Another major job is the one calling for the safeguarding of the laboratory staff through the installation of water tanks and other devices.

But four of the eight rooms in the new laboratory will be used at present, one of these being the control room. This will be completely separated from the cyclotron by a concrete wall and glass window.

At present the cyclotron is being operated on a sixteen-hour shift daily to turn out radiophosphorus for the University Medical School in San Francisco.

Syphilis and Blindness.—Syphilis has been responsible for an alarming amount of blindness and defective vision in the United States, says the National Society for the Prevention of Blindness in a statement urging widespread public observance of National Social Hygiene Day.

"There is a close relationship," the statement says, "between prevention of blindness and the campaign to stamp out syphilis, which is being so vigorously conducted by the American Social Hygiene Association and coöperating agencies. It is estimated that 15 per cent of all blindness is caused by syphilis.

"Hundreds of babies are either blind at birth or become blind later from prenatal syphilis. These tragedies are needless. It is an established fact that prospective mothers who have syphilis can bear healthy children if prenatal antisiphilitic treatment is administered in time. A blood test usually can determine the presence of syphilitic germs.

"If all cases of syphilitic expectant mothers are discovered and followed up with treatment, we may hope for a marked decrease in blindness and defective vision. This means also that a tremendous amount of human misery and economic waste will be avoided."

Alcoholics Were Ancient Problem.—Few problems which harass modern citizens are without counterpart in ancient history, declares Dr. Arthur Patch McKinlay, professor of Latin at the University of California, Los Angeles, whose academic hobby is matching modern situations with those of the ancient world.

"The recent decision of a New York judge in dismissing a charge of murder against a drunk driver opens up the age-old debate as to the responsibility of alcoholics," says Doctor McKinlay. "The ancient had to face the same problem. There were those who would hold drinkers to strict accountability. Among these was the Lesbian Pittacus, who provided in his laws that the penalty for drunk offenders should be twice as severe as for sober malefactors.

"On the other hand, the indulgent point of view had its supporters among ancient lawmakers. Among these was one Zaleucus, who formed a code of sumptuary laws for the Greek colonist's town of Locri in southern Italy. This lawmaker, according to Aristotle and other observers, recognized human frailty to the extent that though he limited a lady to one attendant, she might have two if she were drunk!"

Penrose Outlines Case of State Health Insurance at University of California.—The case of compulsory health insurance administered by the State, was presented at a lecture here by Dr. Ernest F. Penrose, associate professor of economics in the University of California. According to Doctor Penrose there are definite evidences that legislation will soon be presented placing every qualified person under this type of insurance, in order to properly equalize the costs of medical care, and to provide such care where it is not now being adequately given.

The asserted flaws in voluntary insurance were set forth at length by Doctor Penrose. The nature of the difficulties in the way of developing health insurance through commercial policies, was gone into by the speaker, and the strength and weakness of the fraternal type of insurance were also discussed. The speaker charged that voluntary insurance is often used to cover a variety of schemes in which a compulsory element is present.

Regarding illness as an insurable risk, Doctor Penrose states that it is more calculable than unemployment. "But the expenses of meeting actual losses will present more income difficulties in the case of illness than in the case of unemployment, until experience brings about a different result.

"Compulsory health insurance is a vital plank in modern reform platforms, but is not a complete remedy for existing deficiencies," the speaker said. "The main problems apparent are that of cost reduction through the organization of medical services in units of the most efficient size and the provision for more adequate medical care for persons without means.

"But the time is ripe for a big step forward," he declared. "The need for a comprehensive, statesmanlike handling of the problem by public interests and the medical profession is now apparent."

The lecture was one of a series on medical sociology arranged by the University of California Medical School.

Press Clippings.—Some news items from the lay press follow:

The Medical Indigent

In the present controversy between the California Medical Association and the management of the Los Angeles County General Hospital over the latter's conduct, the word "indigent" constantly recurs.

In such a matter, however, there are two kinds of indigents, and it is necessary to distinguish between them, particularly in the light of the Association's charge that the hospital is working indirectly toward a system of State medicine.

In the current issue of the New England Journal of Medicine, Dr. Michael Davis, Chairman of the Committee on Research in Medical Economics, points out the distinction between the legally indigent, who must be cared for at public expense both in sickness and in health, and the "medically indigent," who are fully self-supporting in health but whose financial margin is so slender that they cannot meet the expense immediately entailed in any serious sickness or accident. The first class automatically must depend on straight charity for treatment; what the latter can do for themselves depends on circumstances and disposition.

Given time, encouragement and a conscientious opposition to being objects of charity, many of the "medically indigent" can ultimately pay part or all of their bills for hospitalization, particularly if these are figured at cost. The General Hospital purports to do this and, where the beneficiary's condition warrants, it is part of its business to see that he pays what he can when he can.

Doctor Davis finds that local, state and national governments now spend about \$500,000,000 in tax money for free medical care and that, if all states spent on the adequate scale of New York, this would be about doubled. Excluding the very rich and very poor, he estimates that the public at large pays about \$2,000,000,000 to doctors, hospitals and related agencies. Of this, some two-thirds is in direct fees and the rest in taxes, insurance, and charitable contributions.

If correct, the figures indicate that the taxpayers have all they can do to provide adequate care for the legally indigent and to maintain essential public health services. But, generally speaking, the medically indigent are also out of the field of self-supporting private doctors and hospitals. Who is to look out for them?

Doctor Davis attempts no categorical answer. He suggests that it can be answered only from the results of a really comprehensive study of the whole subject, one in